

U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

Page 1 of 2

Operator Project #	Postmark	Date Received	Notification #																												
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V. Facility Information Owner Name: <u>NYC Transit</u> Address: <u>2 Broadway, 2nd Floor</u> City: <u>New York</u> State: <u>NY</u> Zip Code: <u>10004</u> Contact: <u>Mohammad Khan</u> Telephone: <u>(646) 252-3527</u> Fax: _____ Removal Contractor Name: <u>ATCO Contracting Group, Inc.</u> Address: <u>34-52 11th Street</u> City: <u>L.I.C.</u> State: <u>NY</u> Zip Code: <u>11106</u> Contact: <u>Peter Viennas</u> Telephone: <u>(718) 606-1076</u> Fax: <u>(718) 606-9558</u> Other Operator (demolition/general): <u>MLJ Contracting</u> Address: <u>1720 Whitestone Expressway suite 304</u> City: <u>Whitestone</u> State: <u>NY</u> Zip Code: <u>11357</u> Contact: <u>Zachary Fenton</u> Telephone: <u>(347) 853-1952</u> Fax: _____																															
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X. Description of planned Demolition or Renovation work to be performed and method(s) to be employed, including demolition or renovation techniques to be used and description of affected facility component s:
 This asbestos abatement will be done in accordance with the applicable NYS ICR 56 & Site Specific Variance 21-0957 & EPA Dry Removal Variance Dated 11/18/2019. Methods will include double bagged for disposal purposes.

XI. Description of work practices and engineering controls to be used to comply with the requirements, including asbestos removal and waste handling emission control procedures:

Personal & Waste Decontamination Units, Negative Air Pressure Machines, HEPA Vacuums, PPE

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Name: ATC, Inc.

Address: 2 Moriches Middle Island Rd

City: Shirley

State: NY

Zip Code: 11967

Contact: Kenny Smith

Telephone: (631) 924-5050

Waste Transporter #2

Name:

Address:

City:

State:

Zip Code:

Contact:

Telephone: ()

XIII. Waste Disposal

Name: Minerva Enterprises LLC

Address: 8955 Minerva Rd

City: Waynesburg

State: OH

Zip Code: 44688

Contact:

Telephone: (330) 866-3435

XIV. Emergency Demolition (complete Item XIV only if this project is an Emergency Demo.)

1. Attach a copy of the Order to this notice.

2. Name of Authority Issuing Order:

Title:

3. Authority of Order (Citation of Code):

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XV. Emergency Renovation (Attach separate sheet with the following information if project is Emergency Renovation.)

1. Date and Hour of the Emergency:

2. Description of the Sudden, Unexpected Event:

3. Explanation of how the event caused unsafe conditions or equipment damage or an unreasonable financial burden.

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ACM which is discovered unexpectedly, or non-friable ACM which becomes crumbled, will be wet with amended water and cleaned up with HEPA vacs, to be put in 6mil poly bags.

XVII. I certify that an individual trained in the provisions of NESHAP (40 CFR PART 61, SUBPART M) will be on -site during the Demolition or Renovation, and evidence that the required training has been accomplished by this person will be available during normal business hours.

Signature of Owner/Operator

08/27/21

Date

Dimitris Karagiannis/Project Manager

Type or Print Name and Title

XVIII. I acknowledge the existence of laws prohibiting the submission of false or misleading statements, and I certify that facts contained in this notification are true, accurate, and complete.

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08/25/21

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Iakovos Antoniou/Project Manager

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Date Ordered to Begin _____

XV. Emergency Renovation (Attach separate sheet with the following information if project is Emergency Renovation.)

1. Date and Hour of the Emergency: _____

2. Description of the Sudden, Unexpected Event: _____

3. Explanation of how the event caused unsafe conditions or equipment damage or an unreasonable financial burden. _____

XVI. Description of procedures to be followed in the event that unexpected RACM is found or non-friable ACM becomes crumbled, pulverized, or reduced to powder.

ACM which is discovered unexpectedly, or non-friable ACM which becomes crumbled, will be wet with amended water and cleaned up with HEPA vacs, to be put in 6mil poly bags.

XVII. I certify that an individual trained in the provisions of NESHAP (40 CFR PART 61, SUBPART M) will be on -site during the Demolition or Renovation, and evidence that the required training has been accomplished by this person will be available during normal business hours.


Signature of Owner/Operator

08/25/21

Date

Iakovos Antoniou/Project Manager

Type or Print Name and Title

XVIII. I acknowledge the existence of laws prohibiting the submission of false or misleading statements, and I certify that facts contained in this notification are true, accurate, and complete.


Signature of Owner/Operator

08/25/21

Date

Iakovos Antoniou/Project Manager

Type or Print Name and Title